



KANSAS HEALTH POLICY AUTHORITY
BACKGROUND:

■ KHPA is a quasi-independent unclassified agency created by the legislature in 2005, and led by a Board of Directors appointed by the Governor and legislative leadership.

■ KHPA is charged in statute with gathering and compiling a wide array of Kansas health related data that is used to guide policy development and inform the public. Additionally, KHPA is charged in statute with providing development of a statewide health policy agenda including health care and health promotion components.

Background:

- During the 2008 legislative session two bills were proposed; SB 493 and SB 660
- SB 493 mandated public facilities to provide complete clean air; the bill stalled in the Senate Judiciary Committee
- SB 660 was immediately introduced following the defeat of SB 493; the bill was successfully passed out of the Senate Ways and Means Committee but the bill received no further action for the remainder of the session.

**Statewide Clean Indoor Air
Fact Sheet**

KHPA is dedicated to improving our health system, promoting healthy behaviors, managing chronic disease and working to insure more Kansans. Enactment of a Clean Indoor Air Law will help to further these goals. Research demonstrates that smoking and exposure to secondhand smoke can lead to significant health problems and premature death. Highlights from the *Tobacco Use in Kansas 2007 Status Report*, produced by the Kansas Department of Health and Environment (KDHE), help illustrate the seriousness of the problem to both our health and our economy. Among the findings included in the report:

IMPACT ON HEALTH:

- **Second-hand smoke Costs lives.**
 - Tobacco use remains the most preventable cause of death and disease in the U.S. and in Kansas.
 - Close to 4,000 Kansans die every year from smoking-related diseases, including 290 deaths attributable to second-hand smoke.
 - The American Cancer Society estimates that approximately 87 percent of lung cancer deaths are caused by smoking and exposure to second hand smoke.
 - 54,000 youth are projected to die from smoking given this trend.
- **All workers deserve safe workplaces.**
 - More than one in four workers are NOT protected by worksite smoking policies in Kansas.
 - Smokers exposed to secondhand smoke at home or work increase their risk of developing lung cancer by 20 to 30 percent and heart disease by 25 to 30 percent.

IMPACT TO THE ECONOMY:

- Kansans spend approximately \$927 million each year in smoking-attributable medical expenses, including an estimated \$196 million on smoking-attributable Medicaid expenses.
- Kansas also loses an estimated \$863 million each year in lost productivity from an experienced workforce that dies prematurely.
- Based on the health impact on cities that have enacted strict clean indoor air laws, a statewide law in Kansas could result in 2,160 fewer heart attacks and a \$21 million decrease in associated hospital charges for heart attacks alone.
- Additional costs occur each year in medical treatment and lost productivity as a result of exposure to secondhand smoke.

HOW CLEAN INDOOR AIR LAWS CAN REDUCE THE TOBACCO-RELATED DISEASE BURDEN:

Clean indoor air laws protect the population from the harmful impacts of secondhand smoke. Cigarette smoke contains over 4,000 chemicals and is a known carcinogen.

- Evidence has shown that a clean indoor air ordinance will reduce the smoking rate among active smokers by 5%, a potential decrease of 18,500 smokers in Kansas (KDHE).
- Other studies indicate that clean indoor air laws have been shown to prompt some smokers to quit and others to cut back.

- At least 36 states, including neighboring states, have imposed restrictions on smoking in public places.

PUBLIC OPINION:

- In a Kansas Adult Tobacco Survey conducted in 2002-2003, 94% of those polled believe that secondhand smoke is harmful to health.
- 83% of Kansans believe smoking is a serious health hazard (Sunflower Foundation, 2007).
- In Kansas, around 20 cities/counties have adopted clean indoor air ordinances and several others are considering them.
- A recent poll indicated that 73% of Kansas adults favor such a state law or local ordinance.

NATIONAL FINDINGS:

Other findings that confirm the negative impact smoking and exposure to secondhand smoke has on our health are:

- A 2006 Surgeon General's report states that "the scientific evidence indicates there is no risk-free level of exposure to secondhand smoke."
- In the US, 126 million nonsmokers are exposed to secondhand smoke.
- Secondhand smoke results in 3,000 annual cancer deaths in the US and 35,000 deaths from heart disease.
- Exposure to cigarette smoke results in an increase of asthma attacks, infections of the lower respiratory tract in children under 18 months old, coughing and reduced lung function.
- Pregnant women are particularly susceptible to having low birth weight babies due to secondhand smoke exposure.

FREQUENTLY ASKING QUESTIONS:

- ***Should state government set this policy?*** KHPA supports local ordinances that have been adopted in the absence of a statewide standard. However, a uniform policy would ensure protection from secondhand smoke for all Kansans. A statewide policy would address the concern of business owners who believe that local control of smoke-free policies results in an uneven playing field with nearby communities that may not have a smoke free policy in place. In addition, state government often takes the lead in pre-empting local control when public health is at stake.
- ***Will a statewide smoke free law have an economic impact on hospitality businesses?*** The data from other states and localities does not indicate a negative financial impact. The Surgeon General's 2006 Report examined several studies and concluded "smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry." In a 2006 Zagat Survey of America's top restaurants, 58% of respondents stated they would dine out at the same frequency if restaurants were smoke free and 39% indicated they would dine out more frequently if smoke-free. Only 3% claimed they would dine out less often. Again, a statewide, uniform standard helps businesses attract clientele.
- ***Are smoke-free policies an infringement on individual rights?*** An absence of a smoke free policy is an infringement on the rights of 80% of the population that does not smoke. Research confirms that there are health consequences to secondhand smoke exposure. Workers and the general public should be allowed to work and gather in places without taking on the risk of secondhand smoke. Seventy-six percent of white collar workers already enjoy protection from secondhand smoke, but only 52% of blue collar workers get the same consideration.

Research on Clean Indoor Air Laws

- In Pueblo, Colorado, a 2006 study found that a clean indoor air ordinance that reduced exposure to secondhand smoke was associated with a 27 percent decrease in heart attack hospitalizations.
- In Scotland, a 2008 study found that the number of admissions for heart disease decreased from 3,235 to 2,684 – a 17 percent reduction – after one year of a nationwide indoor smoking ban.
- In Lexington – Fayette County, Kentucky, a 2008 study found that after the enactment of a clean indoor air public ordinance there were an estimated 16,500 fewer smokers (31.9%) in Fayette County. The study concluded there was a significant effect of clean-indoor air legislation on adult smoking rates.
- In Bowling Green, Ohio a 2007 study found that there was a 39 percent decrease in coronary heart disease hospital admissions after one year and a 47 percent decrease after three years. The findings of the study suggest that clean indoor air ordinances lead to a reduction in hospital admissions for coronary heart disease, thus reducing health care costs.
- In Helena, Montana, a 2004 study found that admissions for heart attacks fell significantly from an average of 40 admissions before the law was enacted, to 24 admissions during the six months the law was in effect.